CALFRESH REQUEST FOR POLICY INTERPRETATION

PI# 17-108

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-Pl@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

SCE	enarios.				
1.	RESPONSE NEEDED I	DUE TO:	5.		NEED RESPONSE BY:
	✓ Policy/Regular	tion Interpretation		12/20/2017	
	☐ QC ☐ Other:			6. COUNTY/ORGANIZATION: Los Angeles County 7. SUBJECT:	
			'		arents, one eligibility requirement
2.	REQUESTOR NAME:	OR NAME:		REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
3.	PHONE NO.:	EMAIL:		MPP 63-406.213-214	
4.	REGULATION CITE(S):				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):		-		
	do not meet any other exemption for student eligibility. What if there are two children both between ages 6 and 12? Scenario 2. A household of two full-time students who are the parents to the same child, age 3. They do not meet any othe exemption for student eligibility. What if there are two children both under age 6? Q. Are we able to use the same exemption (MPP 63-406.213 OR 63-406.214) with the same child for both full time student parents and make them potentially eligible to CalFresh? Or is each student required to have their own qualifying child?				
10.			-406.213 OR 6	3-406.214), using the sar	me child for both full-time student
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11.	STATE POLICY RESPO	ONSE <i>(CFPB USE ONLY)</i> :			
				. 1	
FOR CDSS USE					
DA	TE RECEIVED:		DAT	E RESPONDED TO COUNTY/ALJ:	